

House Appropriations Committee Decision Document - Health and Human Services Commission Riders  
 Representative Davis, Subcommittee Chair on Article II  
 Members: Representatives Cortez, Hefner, Sheffield, Turner, J.

Decisions as of February 26, 2019 @ 8:00 AM

LBB Analyst: Samantha Brock, Mike Diehl, and Rustin Dudley

Article II Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced	Outstanding Items for Consideration				Tentative Subcommittee Decisions			
	Items Not Included in HB 1 2020-21 Biennial Total		Pended Items 2020-21 Biennial Total		Adopted 2020-21 Biennial Total		Article XI 2020-21 Biennial Total	
	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds
<b>Technical Adjustments:</b>								
1. Amend Rider 95, Appropriations Limited to Revenue Collections, to update direct and indirect program costs.								
<b>Agency Rider Requests:</b>								
<b>MEDICAID</b>								
1. Amend Rider 3, Cash Basis Expenditures Authorization, to provide HHSC authority to expend Medicaid appropriations in Strategy D.1.1, Women's Health Programs, without regard to date of service.								
2. Amend Rider 4, Hospital Uncompensated Care, to remove the reporting requirement for uncompensated care costs.								
3. Amend Rider 5, Cost Comparison Report, to change "Intermediate Care Facilities for Individuals with Intellectual Disabilities" to "Intermediate Care Facilities for Individuals with an Intellectual Disability."								
4. Amend Rider 13, Hospital Payments, to delete language defining rural hospitals and specifying several forms that reimbursement to rural hospitals may take. HHSC is requesting to make this language a separate stand-alone rider (see Rider request #12).								
5. Delete Rider 14, Medicaid Medical Transportation. Or, if retained, amend the rider in the following ways: 1) change report content to the pre-audit average cost per trip for the most recent fiscal year and the final average cost per trip for the prior year; and 2) require the report be submitted 180 days after the end of each fiscal year rather than 120 days.								

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6. Amend Rider 18, Appropriation Authority for Certain Intergovernmental Transfers, in the following ways: 1) require HHSC to provide prior notification before expending IGT received from institutions of higher education in an amount above appropriations by October 1 of each fiscal year; 2) require HHSC to request to expend Appropriated Receipts - Match for Medicaid No. 8062 in excess of appropriated amounts by October 1 of each fiscal year; 3) specify that HHSC may provide notification of or request to expend estimated amounts; 4) remove the requirement that HHSC submit with the request a written agreement from the governmental entity that is transferring the funding that the funding will be spend in the manner for which it is being requested; and 5) add language to require funds transferred from state-owned hospitals that are not required for disproportionate share payments or uncompensated care payments be deposited to the General Revenue Fund as unappropriated revenue.								
7. Amend Rider 20, Supplemental Payment Program Reporting, to require HHSC to submit a quarterly report no later than 75 days from the end of each fiscal quarter instead of no later than 60 days from the end of each fiscal quarter. Also amend rider to reflect changes to the Network Adequacy Improvement Program and remove language requiring that the annual independent audit of supplemental payment programs include a review of regional affiliations.								
8. Delete Rider 26, Policies for Certain Hospital Stays.								
9. Reinstate former Rider 3, Pediatric Care in Nursing Facilities.								
10. Reinstate former Rider 30, General Revenue Funds for Medicaid Mental Health and Intellectual Disability Services, and amend to move reports required by the rider to HHSC Rider 110, Other Reporting Requirements.								
11. Reinstate former Rider 56, Exemption from Waiver Rate Reductions.								

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12.	Add new Rider X, Rural Hospital Definition, to define rural hospitals for the purposes of any funds appropriated in Article II, including supplemental payment programs administered by HHSC (see Rider request #4).								
<b>CHILDREN'S HEALTH INSURANCE PROGRAM</b>									
13.	Amend Rider 28, Use of Additional CHIP Experience Rebates, to reinstate language identifying the rider as the exclusive appropriation authority for receipts from sources identified in the rider and prohibiting the receipts from being appropriated by a provision of Article IX of the Act.								
14.	Reinstate former Rider 64, CHIP Enrollment.								
<b>BEHAVIORAL HEALTH</b>									
15.	Amend Rider 34, Mental Health Outcomes and Accountability, to allow funds recouped from Local Mental Health and Behavioral Health Authorities to be used for technical assistance or redistributed as incentive payments.								
16.	Amend Rider 36, Healthy Community Collaboratives, to reinstate language allowing HHSC to allocate \$10.0 million in General Revenue to fund Healthy Community Collaboratives in rural areas contingent upon the availability of local matching funding pursuant to Government Code Sec. 539.002. Also, reinstate language requiring HHSC to coordinate with the Texas Department of Housing and Community Affairs for certain grants awarded to a collaborative.								
17.	Amend Rider 37, Mental Health Peer Support Re-entry Program, to change reporting requirement from projected population served to actual population served, as the pilot program was implemented in the 2018-19 biennium.								
18.	Amend Rider 38, Quarterly Reporting of Waiting Lists for Mental Health Services, to change the report deadline to 90 days after the end of each fiscal quarter.								
19.	Delete Rider 40, Funding for Mental Health Programs, as funding is included in the base for this purpose in the 2020-21 biennium.								

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20.	Amend Rider 42, Mental Health for Veterans Grant Program, to clarify that the program also serves veterans' family members.								
21.	Contingent upon former Rider 182, Unexpended Balance Authority within the Biennium for Eligibility Determination Services and Community Mental Health Crisis Services, not being reinstated, add new Rider X to provide unexpended balance authority for appropriations for the Community Mental Health Grant Program and the Mental Health Grant Program for Justice-Involved Individuals.								
<b>WOMEN'S HEALTH</b>									
22.	Amend Rider 44, Funding for Abstinence Sexual Education, to delete the definition of abstinence education.								
23.	Amend Rider 50, Primary Care and Specialty Care Provisions, to do the following: 1) remove reference to Medicaid Family Planning in subsection (a)(1) or add language to indicate that appropriations may not be expended to dispense prescription drugs to minors without parental consent <i>to the extent allowed by federal law</i> ; 2) delete subsection (a)(2) regarding parental consent or amend language to indicate that appropriations may not be expended on medical, dental, psychological, or surgical treatment of minors without parental consent <i>to the extent allowed by federal law</i> and delete authority for HHSC to suspend the subsection; and 3) remove authority for HHSC to compensate providers who are otherwise ineligible to participate in the Breast and Cervical Cancer Services program if a sufficient number of providers cannot be located, provided in subsection (b)(1).								
<b>OTHER CLIENT SERVICES</b>									
24.	Amend Rider 52, Reporting on Early Childhood Intervention, to remove requirement for HHSC to submit information within 30 calendar days of reaching certain milestones and requirement to report on initial contract amounts.								

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25.	Amend Rider 54, Limitations on Federal Funds Appropriations for Early Childhood Intervention Services, to change the amount of IDEA Part C Federal Funds identified as being appropriated for early childhood intervention services each fiscal year.								
26.	Amend Rider 59, High Performance Bonus for Administration of the Supplemental Nutritional Assistance Program (SNAP), to identify the authority to receive and expend high performance bonuses as Article IX, Sec. 13.11, Definition, Appropriation, Reporting, and Audit of Earned Federal Funds.								
27.	Amend Rider 64, Pediatric Health Tele-Connectivity Resource Program for Rural Texas, to provide HHSC authority to transfer unexpended and unobligated balances from the first year of the biennium to the second year of the biennium.								
28.	Reinstate former Rider 122, Supplemental Nutritional Assistance Program Funds Appropriated.								
<b>FACILITIES</b>									
29.	Amend Rider 68, Disposition of Construction Appropriation Related to Intellectual Disability, to expand the applicability of the rider to state hospitals and all construction appropriations (current rider is only applicable to construction projects at state supported living centers funded with General Obligation Bond Proceeds). Additionally, allow HHSC to use construction appropriations for salaries of HHSC employees (current rider is restricted to engineers and architects) and change the cap on General Obligation Bond Proceeds used for administrative expenses from \$300,000 per fiscal year to no more than 10 percent of appropriated funds.								
30.	Amend Rider 70, State Supported Living Center Oversight, to allow agency to transfer funds to Strategy G.1.1, State Supported Living Centers, with notification only. If requirement for approval is maintained, HHSC is requesting to remove ability to stop the counting of business days for a request submitted under the authority provided in the rider.								

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31.	Move Special Provisions Sec. 19, Prohibition on Use of Appropriations for the Private Operation of a State Hospital, to HHSC bill pattern.								
32.	Move Special Provisions Sec. 21, New or Additional Facilities, to HHSC bill pattern.								
33.	Move Special Provisions Sec. 25, Barber and Cosmetology Services, to HHSC bill pattern and amend to remove reference to DSHS.								
34.	Move Special Provisions Sec. 26, State-Owned Housing, to HHSC bill pattern, and amend to remove reference to DSHS.								
<b>OFFICE OF INSPECTOR GENERAL</b>									
35.	Add new Rider X, OIG Capital IT Projects Unexpended Balances, to provide HHSC authority to transfer unexpended and unobligated balances related to OIG's Medicaid Fraud Detection System (MFDS) capital budget project from fiscal year 2019 to fiscal year 2020.  <b>Cost:</b> TBD								
36.	Add new Rider X, OIG: Unexpended Balances Between Fiscal Years Within the Biennium, to allow HHSC to transfer unexpended and unobligated balances in Strategy K.1.1, Office of Inspector General, from fiscal year 2020 to fiscal year 2021.								
<b>TEXAS CIVIL COMMITMENT OFFICE</b>									
37.	Amend Rider 78, Administrative Attachment: Texas Civil Commitment Office, to specify that quarterly status reports shall be submitted 30 days after the end of each quarter.								
<b>REVENUE</b>									
38.	Amend Rider 86, Use of Certain Additional Medicaid Revenue, to reinstate rider language from the 2018-19 General Appropriations Act.								

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39.	Amend Rider 88, Appropriation of Donations: Blindness Education Screening and Treatment, to remove the \$60,000 limit on unexpended balances.  <b>Cost:</b> TBD								
40.	Amend Rider 89, Mental Health (MH) and Intellectual Disability (ID) Collections for Patient Support and Maintenance, to reinstate language identifying the rider as the exclusive appropriation authority for receipts from sources identified in the rider and prohibiting the receipts from being appropriated by a provision of Article IX of the Act.								
41.	Amend Rider 90, Mental Health (MH) and Intellectual Disability (ID) Appropriated Receipts, to reinstate language identifying the rider as the exclusive appropriation authority for receipts from sources identified in the rider and prohibiting the receipts from being appropriated by a provision of Article IX of the Act.								
42.	Amend Rider 95, Appropriations Limited to Revenue Collections, to update direct and indirect program costs.  <b>See Technical Adjustment #1.</b>								
43.	Reinstate former Rider 157, Appropriation: Quality Assurance Fees.								
<b>TRANSFERS</b>									
44.	Amend Rider 97, Limitations on Transfer Authority, to provide HHSC authority to transfer appropriations between Medicaid waiver programs. Also amend rider to allow HHSC to transfer funds from Medicaid client service strategies to Strategy B.1.1, Medicaid Contracts and Administration, to pay for certain contingency contracts that generate revenue for Medicaid client services in an amount greater than assumed in the General Appropriations Act.								

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45.	Amend Rider 98, Appropriation and Unexpended Balances: Affordable Housing for the Elderly, to increase the amount appropriated for promoting affordable housing for the elderly from \$454,000 to \$500,000 for the biennium.	\$ 46,000	\$ 46,000						
46.	Amend Rider 99, Appropriation Transfers between Fiscal Years, to change the date by which HHSC may make a one-time adjustment to transfers with notification only from October 31 to November 30.								
47.	Reinstate former Rider 182, Unexpended Balance Authority within the Biennium for Eligibility Determination Services and Community Mental Health Crisis Services.								
48.	Reinstate former Rider 185, Unexpended Balances within the Biennium: ECI Respite Services, and amend to remove the \$60,000 limit on transfers of unexpended balances from the first year of the biennium to the second year of the biennium.								
49.	Reinstate former Rider 188, Unexpended Balances: Consumer Protection Services.								
<b>ADMINISTRATION</b>									
50.	Amend Rider 110, Other Reporting Requirements, to only require HHSC to notify the LBB and the Governor about emerging issues that could result in a significant loss in federal revenue, as opposed to an issue that could result in the loss of more than \$1 million in federal revenue. Also, amend the rider to require that the monthly financial report be due 45 days from the end of the month instead of 30 days from the end of the month.								

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51.	Amend Rider 111, Reimbursement of Advisory Committee Members, to increase the cap on the amount of funding that can be used to reimburse advisory committee members for travel and to add the following committees: 1) Texas State Board of Examiners of Professional Counselors; 2) Texas State Board of Social Worker Examiners; 3) Council on Sex Offender Treatment; 4) Texas State Board of Examiners of Marriage and Family Therapists; 5) Aging and Disability Resource Center Advisory Committee; 6) Aging Texas Well Advisory Committee; 7) Mental Health Condition and Substance Use Disorder Parity Work Group; 8) STAR Kids Managed Care Advisory Committee; 9) Texas Brain Injury Advisory Council; and 10) Texas Respite Advisory Committee.								
52.	Move Special Provision Sec. 8, Caseload and Expenditure Reporting Requirements, to the HHSC bill pattern.								

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<b>SPECIAL PROVISIONS</b>									
53.	Amend Sec. 4, Federal Match Assumptions and Limitations on Use of Available General Revenue Funds, to reinstate language related to Money Follows the Person Demonstration and delete reference to amounts assumed in the bill for Community First Choice federal funds.								
54.	Amend Sec. 14, Rate Limitations and Reporting Requirements, to increase threshold for notification of a new or increased rate for an orphan drug from \$500,000 to \$1,000,000 in General Revenue.  Also, raise the notification threshold for rate changes reported in the Quarterly Notification from \$500,000 to \$1,000,000 in General Revenue or TANF Federal Funds.								
55.	Reinstate former Sec. 23, Waiver Program Cost Limits.								
<b>Total, Outstanding Items / Tentative Decisions</b>		\$ 46,000	\$ 46,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
		<b>FY 2020</b>	<b>FY 2021</b>	<b>FY 2020</b>	<b>FY 2021</b>	<b>FY 2020</b>	<b>FY 2021</b>	<b>FY 2020</b>	<b>FY 2021</b>
<b>Total, Full-time Equivalent / Tentative Decisions</b>		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0